



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hakan Ozdemir

Title: CIRCUIT AND METHOD FOR DETECTING THE PHASE OF
A SERVO SIGNAL

Serial Number: 09/993,779

Filing Date: November 5, 2001

Examiner/Unit: Glenda Rodriguez /2651

Attorney Docket No.: 01-S-046 (1678-48)

RECEIVED

OCT 04 2004

Technology Center 2600

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this communication, and any document being attached hereto,

☒ is being deposited with the U.S. Postal Service with sufficient postage as First
Class Mail addressed to: Mail Stop Amendment, Commissioner for Patents, P O Box
1450, Alexandria, VA 22313-1450

on this 27th day of September, 2004.

Signature

AMENDMENT/RESPONSE AFTER FINAL

Commissioner for Patents:

In response to the final Office Action of May 26, 2004, please amend the above-
identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on
page 2 of this paper.

Remarks/Arguments begin on page 14 of this paper.

10/01/2004 RMEBRAHT 00000010 09993779

02 FC:1202
03 FC:1201

18.00 DP
86.00 DP



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Signature

TRANSMITTAL LETTER

COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

XX The fee has been calculated as shown below:

___ No additional claim fee is required.

Computation of Fee
For Claims as Amended

	Claims Remaining After <u>Amendment</u>		Highest Number Previously <u>Paid for</u>		Present <u>Extra</u>	<u>Rate</u>	Addl. <u>Fee</u>
Total Claims	50	Minus	49	=	1 x	\$18/\$9 =	\$18.00
Independent Claims	15	Minus	14	=	1 x	\$86/\$43 =	\$86.00
Total additional fee for this amendment							\$104.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

XX Check No. 22829 in the amount of \$104 for the additional claim fee is enclosed.

 Charge \$ to Deposit Account No. . A copy of this sheet is enclosed.

XX A Request for Extension of Time for one month with Check No. 21839 for \$110 is enclosed.

XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

XX RCE with check No. 22825 for \$770 for the RCE fee.

Respectfully submitted,

GRAYBEAL JACKSON HALEY LLP


Bryan A. Santarelli

Attorney for Applicant

Registration No. 37,560

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